

Report to Congress on the Veterans Choice Program Authorized by Section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (Pub. L. 113-146)

October 3, 2014

Issue: Section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146) (the Act) directs the Department of Veterans Affairs (VA) to establish a program (the Veterans Choice Program) to furnish hospital care and medical services through non-VA health care entities or providers to Veterans who either cannot be seen within the “wait-time goals of the Veterans Health Administration” (VHA) or who qualify based on their place of residence. The statute, in section 101(s)(1), defines the goals as being “not more than 30 days from the date on which a veteran requests an appointment for hospital care or medical services from the Department.” The statute, in section 101(s)(2), also permits VA to establish another standard by submitting to Congress, not later than 60 days after the date of the enactment of the Act (August 7, 2014), a report stating that VA’s actual goals are different. This report is being submitted to establish another standard for the goals of VHA.

New Definition: As authorized by section 101(s)(2) of the Act, the Department is defining the “wait-time goals of [VHA]” for purposes of the Veterans Choice Program as follows:

“Unless changed by further notice in the Federal Register, the term ‘wait-time goals of the Veterans Health Administration’ means not more than 30 days from either the date that an appointment is deemed clinically appropriate by a VA health care provider, or if no such clinical determination has been made, the date a Veteran prefers to be seen for hospital care or medical services. In the event a VA health care provider identifies a time range when care must be provided (e.g., within the next 2 months), VA will use the last clinically appropriate date for determining whether or not such care is timely. The Department anticipates that the Under Secretary for Health periodically will consider changes to the wait-time goals of the Veterans Health Administration as appropriate.”

This standard will be reflected in the interim final rule that VA will publish for the Veterans Choice Program. The standard is also being made publically available through an update to VA’s Web site and a notice in the Federal Register, in accordance with the Act. The Program will commence upon publication of an interim final rule establishing it.

Discussion: This definition ensures that clinical considerations and the preferences of the Veteran are taken into account. The definition of the goals in the Act simply uses the date the Veteran contacts VA for an appointment as the starting point to assess whether or not a scheduled appointment is considered timely. As discussed below, VA believes the new proposed definition better addresses Veteran needs and reflects a more robust scheduling standard.

Defining “wait-time goals of the Veterans Health Administration” to include a determination that an appointment is clinically appropriate acknowledges the primary reason for the appointment—to deliver clinically appropriate care. For example, a VA health care provider may determine that a Veteran needs to be seen, but that such a visit would not be clinically useful until a certain time has passed (e.g., 2 months from the current appointment). This is a common scenario in the delivery of health care across the industry. In such a scenario, under the standard being established in this report, the “wait-time goals of [VHA]” will be within 30 days of the date identified by a VA health care provider as clinically appropriate, even if the Veteran requests to schedule the appointment immediately. This will ensure that care provided through the Veterans Choice Program is delivered within clinically appropriate timeframes. In the event a VA health care provider identifies a time range when care must be provided (e.g., within the next 2 months), VA will use the last clinically appropriate date for determining whether or not such care is timely. For example, if a provider determines that a Veteran should be seen in October, VA will use October 31 as the clinically appropriate date.

If no such clinical determination has been made, utilizing the preferred date of an appointment, rather than the date the Veteran contacted VA, better reflects Veterans’ preferences for when they want to receive care. A Veteran can specify any date, including the date the Veteran contacts VA, as the preferred date for an appointment. The 30-day period established by the new standard identified in this report would begin on that preferred date.

Future Adjustments: VA believes that it may be necessary to make further revisions to its standards for the Veterans Choice Program in the future. Specific metrics may evolve over time, and the prescribed methods of measurement today may not provide a full picture of Veterans’ experience in accessing VA health care in the future. VA has contracted with the Institute of Medicine to independently identify metrics that may be the basis for further changes to this standard. VA will carefully evaluate any recommendations from the Institute of Medicine or other sources and determine the most appropriate means of addressing or changing the standard, if warranted. Any such changes to the goals will be communicated through a report to Congress, an update to VA’s Web site, and a publication in the Federal Register.